

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET**

SERIAL NO.

FILING DATE

APPLICANT(S)

**CLAIMS**

	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT										
	IND	DEP	IND	DEP	IND	DEP		IND	DEP	IND	DEP	IND	DEP	IND	DEP
1	1						51								
2		1					52								
3		1					53								
4		3					54								
5		1					55								
6		3					56								
7		3					57								
8		1					58								
9		3					59								
10		3					60								
11		1					61								
12		3					62								
13		0					63								
14							64								
15							65								
16							66								
17							67								
18							68								
19							69								
20							70								
21							71								
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42							92								
43							93								
44							94								
45							95								
46							96								
47							97								
48							98								
49							99								
50							100								
TOTAL IND.	1						TOTAL IND.								
TOTAL DEP.		4					TOTAL DEP.								
TOTAL CLAIMS		4					TOTAL CLAIMS								